

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:
04-005

2. STATE
Washington

FOR: HEALTH CARE FINANCING ADMINISTRATION

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
April 1, 2004

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

7. FEDERAL BUDGET IMPACT:

a. FFY 2004 \$0

b. FFY 2005 \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Attachment 2.6-A, Supplement 1, pages 1 & 4

Attachment 2.6-A, Supplement 1, pages 1 & 4

10. SUBJECT OF AMENDMENT:

Change the Income Eligibility Levels to Reflect the New Federal Poverty Level

Washington (04-005)

Approved: 07/04/04
effective: 04/01/04

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED: Exempt

12. SIGNATURE OF STATE AGENCY OFFICIAL:

L.B. Smucker for Dennis Braddock

13. TYPED NAME:

DENNIS BRADDOCK

14. TITLE:

Secretary

15. DATE SUBMITTED:

June 3, 2004

16. RETURN TO:

Department of Social and Health Services

Attn: Ann Myers

Medical Assistance Administration

925 Plum St SE MS: 45533

Olympia, WA 98504-5533

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

JUN - 7 2004

18. DATE APPROVED:

JUL - 9 2004

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

APR - 1 2004

20. SIGNATURE OF REGIONAL OFFICIAL:

181

21. TYPED NAME:

Karen S. O'Connor

22. TITLE:

Associate Regional Administrator

23. REMARKS:

**Division of Medicaid &
Children's Health**

POSTMARK
6/3/04 *Olympia*

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: WASHINGTONINCOME ELIGIBILITY LEVELS

A. MANDATORY CATEGORICALLY NEEDY

1. AFDC -Related Groups Other Than Poverty Level Pregnant Women and Infants:

Maximum Payment

<u>Family Size</u>	<u>Need Standard</u>	<u>Payment Standard</u>
1	\$ 797	\$ 349
2	1,008	440
3	1,247	546
4	1,467	642
5	1,690	740
6	1,918	841
7	2,215	971
8	2,452	1,075
9	2,693	*1,180
Maximum amount * \$1,075		

2. Pregnant Women and Infants under Section 1902 (a)(10)(i)(IV) of the Act:

Effective April 1, 2004, based on the following percent of the official Federal income poverty level—

 133 percent x 185 percent (no more than 185 percent)

<u>Family Size</u>	<u>Income Level</u>
<u>1</u>	\$1436
<u>2</u>	\$1926
<u>3</u>	\$2416
<u>4</u>	\$2907
<u>5</u>	\$3397

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: WASHINGTONINCOME ELIGIBILITY LEVELS (Continued)

B. OPTIONAL CATEGORICALLY NEEDY GROUPS WITH INCOMES RELATED TO FEDERAL POVERTY LEVEL

2. Children Between Ages 6 and 19

The levels for determining income eligibility for groups of children who are born after December 31, 1972 and who have attained 6 years of age but are under 19 years of age under the provisions of section 1902(l)(2) of the Act are as follows:

Based on 100 percent (no more than 100 percent) of the official Federal Poverty Level (FPL).

<u>Family Size</u>	<u>Income Level</u>
<u>1</u>	<u>\$ 776</u>
<u>2</u>	<u>\$1041</u>
<u>3</u>	<u>\$1306</u>
<u>4</u>	<u>\$1571</u>
<u>5</u>	<u>\$1836</u>
<u>6</u>	<u>\$2101</u>
<u>7</u>	<u>\$2366</u>
<u>8</u>	<u>\$2631</u>
<u>9</u>	<u>\$2896</u>
<u>10</u>	<u>\$3161</u>